

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2	1						52	
3		1					53	
4	1						54	
5	1						55	
6	1						56	
7	1						57	
8		1					58	
9		1					59	
10		1					60	
11	1						61	
12	1						62	
13		1					63	
14	1						64	
15	1						65	
16	1						66	
17	1						67	
18		4					68	
19		4					69	
20		4					70	
21		4					71	
22		4					72	
23		4					73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	12						TOTAL IND.	
TOTAL DEP.	35						TOTAL DEP.	
TOTAL CLAIMS	47						TOTAL CLAIMS	